

United States of America
Department of Transportation — Federal Aviation Administration
Supplemental Type Certificate

Number SA4034SW

This certificate, issued to Zee Systems, Inc.
127 Braniff
San Antonio, TX 78216

certifies that the change in the type design for the following product with the limitations and conditions therefor as specified hereon meets the airworthiness requirements of Part 23 and 25 of the Federal Aviation Regulations.

Original Product — Type Certificate Number: A22CE, A27CE
Make: Cessna
Model: 500, 501

Description of Type Design Change: Installation of Zee Systems Air Conditioner according to Drawings DA-79-1801, Revision B dated 11/1/79, DA-79-1802, Revision B dated 11/1/79, and 978180, Revision B dated 1/14/80, or later FAA approved revision.

Limitations and Conditions:

FAA Approved Airplane Flight Manual Supplement dated March 10, 1980, is required.

Compatibility of this modification with other previously approved modifications must be determined by the installer.

This certificate and the supporting data which is the basis for approval shall remain in effect until surrendered, suspended, revoked, or a termination date is otherwise established by the Administrator of the Federal Aviation Administration.

Date of application: June 22, 1979

Date reissued: 12/4/86

Date of issuance: August 30, 1979

Date amended: 3/10/80; 5/12/82 Revision 2



By direction of the Administrator

L. B. Andriesen
L. B. Andriesen (Signature)

Assistant Manager, Aircraft Certification
Division, Southwest Region

(Title)

Any alteration of this certificate is punishable by a fine of not exceeding \$1,000, or imprisonment not exceeding 3 years, or both.

This certificate may be transferred in accordance with FAR 21.47.

INSTRUCTIONS: The transfer endorsement below may be used to notify the appropriate FAA Regional Office of the transfer of this Supplemental Type Certificate.

The FAA will reissue the certificate in the name of the transferee and forward it to him.

TRANSFER ENDORSEMENT

Transfer the ownership of Supplemental Type Certificate Number _____

to *(Name of transferee)* _____

(Address of transferee) _____
(Number and street)

(City, State, and ZIP code)

from *(Name of grantor)* *(Print or type)* _____

(Address of grantor) _____
(Number and street)

(City, State, and ZIP code)

Extent of Authority (if licensing agreement): _____

Date of Transfer: _____

Signature of grantor *(In ink)*: _____